THE HEALTH OF THE SCHOOL CHILD

IN DORSET

ANNUAL REPORT

of the

County School Medical Officer

for the year

1951

A. A. LISNEY, M.A., M.D., D.P.H.

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FOREWORD

Good progress has been made in several aspects of the work of the school health service during 1951, which is encouraging after the many setbacks that occurred as the result of changes brought about by the inception of the National Health Service Act, in 1948.

The disintegration of the school dental service shows promise of being arrested, and an increase in the seriously depleted establishment of dental officers is gratifying. Much leeway has, however, to be made in conservative treatment before the position is retrieved, and even if the full quota of dental officers is reached in the near future it will be several years before the standard of dental hygiene which existed in the past is achieved.

1951 saw the first complete year in which the child guidance service was staffed with a psychiatrist, educational psychologist and psychiatric social worker, working together as a team. The lack of adequate clinic premises is a serious handicap, and one psychiatric social worker is hardly adequate to deal with the numerous social problems which necessitate detailed knowledge of the home environment.

Clyffe House special school for educationally subnormal school children was open for a full year during 1951 and, together with Penwithen Hostel which receives maladjusted children, forms an ideal adjunct to the ascertainment of mentally handicapped children.

Looking back over the three years since the National Health Service came into force, it would appear that certain problems connected with the Regional Hospital Service are insoluble; I refer to the lack of interchange of medical information and ideas between doctors working in the public health and hospital spheres. The relationship between general practitioners and my department continues to be very good.

During October, widespread military manoeuvres in the Wessex region involving a large part of Dorset, interfered with the routine medical inspections, thus reducing the number of children examined as all schools were closed in the area affected.

The nutrition and general condition of Dorset school children continues to be very satisfactory. The incidence of infectious disease was, however, considerably higher than in any of the previous three years. This information is compiled from notifications received from general practitioners and returns of children absent from school submitted by head teachers. Measles and chickenpox were chiefly responsible for this increase, though there was also a significant rise in the number of cases of influenza and a slight increase in coughs and colds.

In contrast, 16 cases of poliomyelitis were notified in children of school age compared with 34 cases during the previous year. With the exception of 1948 when 8 cases were notified, the figure for 1951 is the lowest since the post-war increase in the incidence of this disease.

Once again the school population was entirely free from diphtheria, but this is all the more reason why efforts to maintain a high degree of immunisation against diphtheria in early childhood must be continued without relaxation. Equally important is the need for giving every child a "booster" dose of immunising agent as soon as possible after entering school. Although protection in infancy ensures freedom from a severe attack of diphtheria, the disease in milder form has been known to occur when an immunised child comes in contact with a large number of others at school, unless a booster dose is given.

Owing to the considerable pressure of other duties it was not possible to give throughout this report a full appraisal of any deviations which may exist between the densely populated and more rural parts of the county; every effort will, however, be made to provide this in my report for 1952.

I am indebted to my Deputy, Dr. A. F. Turner, and Mr. V. W. V. Clarke, for the compilation of this report, and I also wish to place on record my appreciation of the loyal and willing assistance afforded me by the medical, dental and clerical staff of the department.

ARTHUR A. LISNEY,

August, 1952. *County School Medical Officer.*

STAFF OF THE SCHOOL HEALTH SERVICE

School Medical Officer.
County Medical Officer of Health.

LISNEY, A. A., M.A., M.D., D.P.H.

Deputy School Medical Officer.
Deputy County Medical Officer of Health.

TURNER, A. F., M.B., B.CH., D.P.H.

Senior Assistant County Medical Officer of Health.

SCOTT, A. G., M.B., CH.B., D.P.H.

Assistant School Medical Officers.
Assistant County Medical Officers of Health.

ARMIT, A., M.B., CH.B., D.P.H.
EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.
LAWRENCE, I. B., B.SC., M.B., CH.B., D.P.H.
MAYES, J. B. M., M.B., B.S., D.P.H.
O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.
PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.
SCOTT, G. B., D.S.O., M.R.C.S., L.R.C.P. (Temporary) (Resigned 28/2/51).

Chief School Dental Officer.

PRETTY, P. J., L.D.S.

Assistant School Dental Officers.

ALLEN, J. M., B.D.S. (Commenced 11/6/51).
FLINT, M. F., L.D.S. (Commenced 24/9/51).
HODGES, W. V. A., L.D.S.
MCDONALD, MRS. S., L.D.S. (Resigned 28/2/51).

Consultant Children's Psychiatrist.

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M. (Commenced 2/4/51).

Educational Psychologist.

TAYLOR, R. J. M., M.A., B.ED.

Psychiatric Social Worker.

FILLITER, MISS A.

Superintendent Health Visitor.

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Assistant Superintendent Health Visitors.

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.
MASON, MISS E. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

School Nurses and Health Visitors.

ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.
BADSWORTH, MISS M. G., S.R.N., S.C.M., H.V.CERT.
BIRCH, MRS. L. M., S.R.N., S.C.M., H.V.CERT.
BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT.
CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.
HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.

Jorgensen, Miss P. K., S.R.N., S.C.M., H.V.CERT.
Kennedy, Miss G. E. M., S.R.N., S.C.M., H.V.CERT.
Keohane, Miss M., S.R.N., S.C.M., H.V.CERT.
Lloyd Pryce, Mrs. M. M., S.R.N., C.M.B.CERT. (Part I), H.V.CERT.
Mack, Miss O., S.R.N., S.C.M., H.V.CERT.
Masters, Mrs. E. S., S.R.N., S.C.M., H.V.CERT. (Resigned 28/2/51).
O'Bryen Hodge, Miss M., S.C.M., H.V.CERT. (Retired 15/10/51).
Read, Miss L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
Tate, Miss M. C., S.R.N., S.C.M., H.V.CERT. (Commenced 16/7/51).
Truscott, Miss M., S.R.N., S.C.M., H.V.CERT., D.S.A.
Wheeler, Miss C. R., S.R.N., S.C.M., H.V.CERT.
White, Miss W. M., S.R.N., S.C.M., H.V.CERT. (Commenced 1/10/51).

School Nurses and Health Visitors—continued.
Speech Therapists.

O'Driscoll, Miss N. M., L.C.S.T.
Bartels, Miss M., L.C.S.T.

Oral Hygienist.

Murton, Mrs. V.

Dental Attendants.

Gill, Mrs. M. C. H.
Hicks, Miss P. (Commenced 30/7/51).
Mackinnon, Mrs. L.
Rose, Miss D. W. (Commenced 24/9/51).
Wood, Miss A. B.

Poole Excepted Area.

School Medical Officer.
Poole Area Medical Officer.

Chesney, G., O.B.E., M.D., CH.B., D.P.H. (Retired 31/12/51).

Deputy School Medical Officer.
Assistant County Medical Officer of Health.

Sinclair, J. A., M.B., CH.B., D.P.H.

Assistant School Medical Officer.
Assistant County Medical Officer of Health.

Blaker, P. S., M.R.C.P., M.R.C.S., D.P.H. (Temporary).

School Dental Officer.

Rimmer, W. K., L.D.S.

Assistant School Dental Officers.

Allen, R., L.D.S.
Thomas, C. E., L.D.S.

Superintendent Health Visitor and School Nurse.

Kingsbury, Miss M. M., S.R.N., S.C.M., H.V.CERT.

School Nurses and Health Visitors.

Brooks, Miss H. E., S.R.N., S.C.M., H.V.CERT.
Hall, Mrs. V. M., S.R.N., S.C.M., H.V.CERT.
Koster, Miss I. F., S.R.N., S.C.M., H.V.CERT.
Kusel, Miss V. M., S.R.N., S.C.M., H.V.CERT.
Lever, Miss L. B., S.R.N., S.C.M., S.R.F.N.
Narbett, Mrs. V., S.R.N., S.C.M., H.V.CERT.

PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.
PORTER, MISS K. F., S.R.N., S.C.M., S.R.F.N., H.V.CERT.
STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

Dental Attendants.

FORREST, MISS G.
MATTINSON, MRS. E. T.
NICHOLLS, MISS R. N.

South Dorset Divisional Executive.

South Dorset Area Medical Officer.

WALLACE, E. J. G., M.B., CH.B., D.P.H.

Assistant School Medical Officer.
Assistant County Medical Officer of Health.

WARD, C. A. G., M.B., B.S.

School Dental Officer.

STEWART, D. J., B.D.S. (Commenced 26/11/51).

School Nurses and Health Visitors.

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.
BROCK, MISS L., S.R.N., S.C.M., H.V.CERT.
GILLHAM, MISS K. B., S.R.N., S.C.M., H.V.CERT.
HUGHES, MRS. G. M., S.R.N., S.C.M., H.V.CERT.
RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.
SUNDERLAND, MISS D., R.S.C.N., S.R.N., S.C.M., H.V.CERT., D.S.A.

Dental Attendant.

KITCHEN, MRS. M. E.

POPULATION

The population of Dorset for 1951 was 296,300 as estimated by the Registrar-General and shows a further increase in the previous year.

Schools and Scholars.

At the end of 1951 there were 257 maintained schools in the County. The types of schools can be seen from the following table:—

Type.	*Weymouth.*	*Poole.*	*County.*	*Total.*
Primary	26	22	176	224
Secondary Modern	4	5	6	15
Grammar	2	2	13	17
Art (Poole School of Art) ...	—	1	—	1
	32	30	195	257

The average numbers of children on the school registers during the month of September, 1951, were as follows:—

Area.	*Primary.*	*Secondary Modern.*	*Grammar.*	*Total.*
County Districts	13,990	1,393	3,357	18,740
Poole Excepted Area	6,359	2,563	1,266	10,188
South Dorset Divisional Executive	3,898	1,294	864	6,056
	24,247	5,250	5,487	34,984

The total of 34,984 pupils may be compared with the figure of 34,444 in 1950; 33,769 in 1949; and 32,598 in 1948.

CO-ORDINATION

There have been no major alterations in the administrative arrangements of the school health service during the year. The various departments of the County Council dealing with matters relating to child health and care have worked in close co-operation, and the relationships with the other statutory and voluntary bodies concerned have continued in a satisfactory manner.

A new arrangement has been made between the health, education and children's departments which should speed up juvenile court procedures. It was previously the custom to send routine education and medical records to court without having the child re-examined, and the magistrates had often to refer the child for further examination if they thought special treatment or residential placement was indicated. Under the new arrangement the child is re-examined immediately a charge has been preferred so that any special reports can be made available, and if special placement or treatment in a residential school or hostel is advised, the official of the County Council present in the court can inform the justices when and where a vacancy is available. It is hoped that this arrangement will reduce the number of cases sent to Langport Remand Home, with a consequent saving of fees and transport; it will also help the courts to deal with the cases at one sitting.

Co-ordination with the hospitals is still uncertain and spasmodic. While there has been a great deal of help and advice from consultants and almoners on specific cases, the full flow of information which was expected from the hospitals after the National Health Service Act came into force has not taken place. There are several reasons given for this lack of liaison: the hospitals plead shortage of clerical staff while the consultants plead breach of professional confidence. The latter is a matter of importance and requires careful consideration, as it is obviously undesirable for confidential information to be circulated unless the individual concerned is going to benefit. There is room, however, for an increase in the amount of useful information exchanged, although it is not desired to return to the immediate post-war era when the responsibility of paying hospital fees rested on the local education authority and the reports, used as bills for payment, arrived punctually on Monday mornings!

After nearly four years' working of the National Health Service Act, it seems unlikely that there will be a much closer link with the hospital service than there is at present. This is due to the inherent defects in the Act itself, and more than individual co-operation and goodwill is required to remedy it. There is, for example, little opportunity for contact or exchange of ideas between the hospital paediatrician and the medical officer responsible for the health of school children. The consultant, working solely in the hospital, is concerned with treatment; he is interested in the cause of defects and handicaps and in the conditions to which the child returns from hospital, but he has not often an opportunity to meet the medical officer to discuss these problems, to give him guidance, to see for himself how a normal schoolchild is taught in an ordinary school, or the handicapped pupil in a special school.

This situation has arisen because the school medical officer and consultant work in separate spheres, controlled by different statutory bodies who do not themselves see the benefits to be gained by bringing about a closer relationship between their respective medical personnel; a relationship which was possible by the full exploitation of joint appointments. Doctors, whether medical officers or general practitioners, benefit from contact with hospitals and consultants, and arrangements could have been made for medical officers to undertake duties in the children's wards, and for general practitioners to have attachments in the medical and surgical wards. Such appointments, apart from their value in promoting skill among the medical staff, would have helped to overcome the shortage of resident medical officers in hospitals.

Unfortunately, these steps have not been taken. The three main branches within the health service go their separate ways, and while the general practitioner complains that he is becoming a referral agency and uses his pen more than his stethescope, the medical officer feels that the scope of his work has been limited. Before the National Health Service Act, the medical officer was responsible for maintaining and treating school children as patients, and there were various schemes, orthopaedic, ear, nose and throat, opthalmic, and many others developed by the local authority in which the medical officers had become expert; these functions have now become part and parcel of the hospital service.

If the recruitment of medical officers to the public health service is to be continued, especially in the school health service, the scope of their work must be increased. The service is at present largely carried on by married women, while the number taking a diploma in public health has fallen to such a level that satisfactory replacements cannot be made. The situation in Dorset is not so bad as in the country generally, but last year I pointed out that of the six medical officers engaged in the school health service, one was over 73, one was 67, and another over 60. It has been possible, fortunately, to replace the eldest, but if the present landslide in

public health recruiting continues, the school health service will be lost within the next ten years through lack of staff; it is unfortunate that the service should be in danger of dying a slow death.

The whole question requires urgent consideration in the light of recent advances in preventive medicine, in the marked improvement in the physical health of children, and in the development of the health services generally. Not only should medical officers having experience in the ascertainment and education of handicapped pupils, mental deficiency, and epidemiology be retained, but the scope and interest of their work must be enlarged to some extent if recruitment is to be maintained from the ranks of keen graduates looking for a satisfactory career in medicine.

MEDICAL INSPECTION

There has been no change in the arrangements for routine medical inspections during the year under review, and all children attending maintained schools are examined in accordance with the provisions of the Education Act, 1944, at the following ages:—

(*a*) As school entrants at the age of five years;
(*b*) During the child's last year in the primary school at the age of ten to eleven years;
(*c*) As school leavers. In practice this examination takes place at the age of fourteen to fifteen years as it is not always known which pupils will be remaining at school after the statutory school leaving age.

Special inspections of all children found to have defects which require to be kept under observation, are also undertaken as required.

FINDINGS OF MEDICAL INSPECTION

Uncleanliness. (excluding Poole Excepted and South Dorset Executive Areas).

The figures for exclusion from school due to verminous infestation, scabies, impetigo and ringworm have again shown an overall improvement. In my report for 1950 when there were 56 cases of ringworm notified, it was mentioned that special efforts would be made in an attempt to reduce the incidence of this disease with the result that in 1951 the numbers have been reduced to 40. Arrangements for diagnosis in the school and quick referral for treatment continue, and it is hoped that this disease will be still further reduced in the future. Impetigo has shown a slight decrease from 63 to 52 cases, and scabies has risen from 15 to 16.

Verminous cases show a fall from 76 to 46 and at last we are reaching a state where many of our schools are completely free of children with verminous heads. This state of affairs has not been reached without a good deal of hard and painstaking work by school nurses and teachers. Altogether 92,685 separate examinations were carried out over the whole county showing that every pupil was inspected at least twice during the year, and a large proportion three times. These routine examinations could not be reduced at present as the general level of hygiene and care among the population is not yet sufficiently high. If they were discontinued now the incidence would soon rise again to the high levels found before and immediately after the last war.

Impetigo.		*Scabies.*		*Verminous.*		*Ringworm.*	
1950	1951	1950	1951	1950	1951	1950	1951
63	52	15	16	76	46	56	40

Nutrition.

The findings at school medical inspections are shown below for the years 1949, 1950 and 1951. Prior to 1947 the Ministry of Education laid down four nutritional categories, later reduced to three as at present, and if the numbers under Category C 'Poor' continue to fall it is possible that a reduction to two categories may be

possible within the next ten years. Another milestone in child care will have been reached when this type of classification becomes unnecessary and redundant.

The slight rise in the numbers classified in the third age group as 'Poor' in 1950 which was commented upon in my report, has been more than offset by the figure for 1951, which is the lowest on record in this county.

Age Groups (Whole county).	*A (Good)*			*B (Fair)*			*C (Poor)*		
	1949	1950	1951	1949	1950	1951	1949	1950	1951
	per cent.	*per cent.*	*per cent.*	*per cent.*	*per cent.*	*per cent.*	*per cent.*	*per cent.*	*per cent.*
Entrants ...	54·0	58·98	56·36	43·8	39·41	42·53	2·2	1·61	1·11
Second Age Group	55·8	54·63	56·26	42·8	44·19	42·64	1·4	1·18	1·10
Third Age Group ...	68·7	58·71	69·91	30·3	40·17	29·62	1·0	1·12	0·47
Other Periodic Inspections ...	36·9	—	—	61·0	—	—	2·1	—	—
TOTAL ...	58·4	57·38	59·62	40·0	41·29	39·43	1·6	1·33	0·95

Nose and Throat Conditions.

During the year 324 defects were found requiring treatment and as there was only a slight delay in one hospital on account of poliomyelitis, which had seriously interfered with operating sessions, the waiting lists were substantially reduced during the year, 918 operations for removal of tonsils and adenoids being carried out.

Respiratory Diseases,

A total of 133 children were kept under supervision suffering from early and slight defects of the chest, while 44 cases of lung disease were found which required treatment, the same number as in 1950. In my report for that year I stressed that the prevention of severe lung disease in childhood is one of the most profitable fields of preventive medicine as the train of events leading up to chronic disease can be halted if adequate but simple precautions are taken, especially when the child is recovering from the initial acute attack of infection.

Defects of Vision.

Altogether 732 cases of defective vision requiring treatment were discovered during the year, and a further 333 cases were kept under observation. There were 108 cases of squint requiring treatment and a further 76 cases requiring observation.

Ear Disease and Hearing.

Cases referred for treatment numbered 33, and 42 were kept under observation. These figures show a considerable fall on the previous year, when 276 were referred for treatment. Like chronic disease of the chest, ear infections frequently arise secondarily to other infections such as unhealthy tonsils and adenoids. The preventive school service should aim at eliminating otitis media, mastoid disease and other causes of loss of hearing by paying particular attention to early nose and throat infections, and the prevention of their spread by adverse conditions in the home and at school.

INFECTIOUS DISEASE

Information relating to the incidence of illness among school children is usually obtained from two sources, namely, statutory notifications of infectious diseases by general practitioners and returns from head teachers of children absent through illness. The value of the first source is limited in so far as it refers only to the notifiable infectious diseases where a doctor has been called in, whereas the second gives as far as is possible the cause of absence of each child.

The rendering of this return may sometimes seem to head teachers to be just another task added to their already considerable clerical duties, but the importance of full, accurate records of this nature must be stressed. A health department requires up-to-date information on the prevalence of illness in general and the infectious diseases in particular, both to deal effectively with established epidemics and to recognise developing ones at an early stage. The head teachers throughout the county do much valuable work in collecting this data and their help and co-operation is greatly appreciated.

Details of the exclusion certificates issued to schools as a result of the returns of children absent through illness received during 1951 are given in the table below, with the comparative figures for 1948 to 1950. The statistics refer to the county, excluding the Poole Excepted and South Dorset Executive Areas whose records are not available.

Disease.	*Cases.*			
	1948	1949	1950	1951
Chickenpox	379	394	290	520
Coughs and Colds	117	111	145	232
Conjunctivitis	19	17	27	23
German Measles	11	14	12	49
Influenza	4	95	120	720
Measles	311	757	416	1,169
Mumps	262	926	169	144
Poliomyelitis	4	12	34	—
Scarlet Fever	47	39	62	49
Sore Throats	11	7	8	12
Whooping Cough	330	230	261	291
Other Diseases	79	89	92	171
Impetigo	107	75	63	52
Ringworm	17	35	56	40
Scabies	38	17	15	16
Verminous	168	141	76	46
TOTALS	1,904	2,959	1,846	3,534
Number of Schools affected ...	148	149	149	145

The number of exclusion certificates issued during 1951 is greater than the corresponding figure for either of the three previous years, but the number of schools involved is less. It is well known that certain of the more common infectious diseases such as measles and chickenpox show a regular biennial rise in the number of cases, and both of these diseases have a considerably higher incidence than in 1950.

It will be seen that the number of cases of influenza has risen in the years given in the table from 4 in 1948 to 720 in 1951. The very considerable increase in 1951 was due to the sharp epidemic experienced in this country during the early part of the year. The intensity of the outbreak is illustrated by the fact that 564 cases, or rather more than 75 per cent of the total, occurred during the last fortnight in January. In nearly all instances the disease was mild in character and of short duration. No deaths of school children were reported.

The position with regard to poliomyelitis was most satisfactory, no exclusion certificates having been issued during the year. In the whole county, 33 confirmed cases were notified in all age groups, 16 being children of school age. In 1950, the peak epidemic year for poliomyelitis in Dorset, the total number of notifications after correction was 111.

Under the heading 'other diseases' are included 43 cases of infective hepatitis, about 85 per cent of which were in schools in the western part of the county. Compared with the previous year when there was one epidemic at Lyme Regis, the cases have tended to occur in scattered, sharp, small outbreaks, principally at Evershot, Marshwood and Bridport.

This disease, frequently producing jaundice, is one about which our knowledge is still incomplete and as it must be differentiated from the more serious Weil's disease, epidemiological and environmental factors of all cases were investigated by the county sanitary officer.

DIPHTHERIA IMMUNISATION

There are no alterations to report in the arrangements for diphtheria immunisation compared with the previous year. The position with regard to diphtheria remains most satisfactory, no case or death from the disease being recorded during 1951.

Out of an estimated school population of 34,984, a total of 32,387 children have been protected by a primary course of immunisation. Reinforcing injections were given to school children to maintain their resistance, 4,783 receiving booster doses in 1951 compared with 3,417 during the previous year.

There is a need to maintain propaganda on immunisation, as the virtual disappearance of the disease tends to create a lack of interest or urgency among parents to have their children immunised. If the proportion of immunised children drops below 75 per cent of the total population, conditions again become favourable for the spread of diphtheria.

B.C.G. VACCINATION

The official policy with regard to vaccination against tuberculosis is that the procedure should be limited to suitable contacts, and that the technical work must be undertaken only by chest physicians. As I mentioned in my previous report, real progress will only be made in this promising field of preventive medicine when the scope of the scheme is greatly widened, and when the staff of the school health service actively participate in it.

During the year 156 children including 91 of school age, were successfully vaccinated against tuberculosis with B.C.G. vaccine, the success of the procedure being measured by the Mantoux test.

A considerable amount of discussion has recently taken place between medical officers of health and chest physicians in this area on the possibility of extending the use of B.C.G. vaccination. The general feeling is that it should not yet be used for the vaccination of school children of all ages, but that consideration should be given to a scheme for Mantoux testing all school leavers, and vaccinating those who have not yet come in contact with the disease. If this scheme was carried out it would probably confer increased resistance to many individuals over that period of their life when they are most susceptible to the disease. The testing itself can be done relatively quickly, and if it was introduced would not encroach to any great extent into the time of the health visitor and the medical officer. The follow-up of all reactors for case tracing purposes and the vaccination of all susceptible leavers is, however, a lengthy procedure and could not adequately be carried out without sacrificing some of the other work of the school health service. This matter will be kept carefully under review.

FOLLOWING UP

This important work continues satisfactorily in full co-operation with general practitioners. When prompt information is received concerning delicate children and children suffering from acute illnesses, some progress in preventing serious chronic conditions can be effected. School nurses continue to follow-up cases until they have been satisfactorily dealt with, and 588 parents were interviewed during the year. There are very few failures to make use of facilities available when the mother has had the full circumstances of the case explained, and she will go to considerable trouble to take the child to hospital and continue attending until the necessary treatment has been completed.

MEDICAL TREATMENT

Information concerning medical treatment and hospital discharges is still not being made available by hospitals for all relevant cases. As previously mentioned this increases the difficulties of school nurses in carrying out after-care, and in arranging to bring forward handicapped pupils for special education.

Minor Ailments.

The treatment of minor ailments is linked with preventive medicine. Minor sores and skin diseases, colds, coughs and infestations must be dealt with promptly, both for the benefit of the child and to prevent spread to others. The figures for the minor ailment attendances show a very satisfactory reduction. This is due partly to the great decrease in verminous conditions and scabies which give rise through scratching to impetigo and septic sores, and to better care and understanding by parents. The table shows that over the past five years attendances have been reduced to one-tenth of the 1947 figure. This is in keeping with the reduction in verminous and skin conditions referred to elsewhere in the report. The figures for Poole, South Dorset and the remainder of the county all show the same trend.

Year.	*Poole.*	*South Dorset*	*County Area.*	*Totals.*
1947	11,854	5,368	2,506	19,728
1948	13,378	6,505	1,327	21,210
1949	9,982	6,134	312	16,428
1950	1,136	1,315	15	2,466
1951	1,718	1,238	50	3,006

The minor ailments clinics provided in the county are as follows:—

Centre.	*Address.*	*Open on.*	*Times.*	*Medical Officer in attendance.*
Blandford	Salisbury Street	As required		No.
Dorchester	County Clinic Glyde Path Road	Tuesday Thursday	2 p.m. 10 a.m.	On call.
Poole	67, Market Street, Old Town	Monday and Thursday	9 a.m.	Monday.
	Shillito Road, Parkstone	Tuesday and Friday	9 a.m.	Friday.
	Hamworthy School	Tuesday and Friday	9 a.m.	Tuesday.
	Henry Harbin School	Thursday	11 a.m.	Yes.
	Broadstone Women's Institute	Thursday	9 a.m.	Yes.
	Kemp Welch School	Wednesday	9 a.m.	Yes.
	Herbert Carter School	Tuesday and Friday	10.45 a.m.	Tuesday.
Portland	Tophill Junior Mixed School	Monday and Wednesday	10 a.m.	No.
	Easton Methodist Schoolroom	Friday	2 p.m.	Yes.
	Fortuneswell Methodist Hall	Thursday	2 p.m.	Yes.
Shaftesbury	Shaftesbury Modern School Hut	Monday	9 a.m.	Yes.
Weymouth	Health Centre, Westham Road	Monday to Saturday	9 a.m.	Mon. to Fri.
	Broadwey Secondary Modern School	Monday and Thursday	2 p.m.	Monday.
	Galwey Road, Wyke Regis	Wednesday	2 p.m.	Yes.
	Wyke Regis School	Tuesday and Friday	2 p.m.	No.

Defects of Nose and Throat.

During 1951 a total of 918 cases were operated on for removal of tonsils and adenoids, and the operating sessions were only held up on one occasion on account of poliomyelitis. 153 cases were treated in the South Dorset Area, 442 in Poole and 323 in the remainder of the county. There was no undue delay in admission to hospital. The number of tonsil and adenoid defects requiring observation and treatment has gradually declined during the past thirty years. As an example, in 1920, four per cent of school children in Dorset required operative treatment and one per cent were kept under observation, while in 1951, less than one per cent required operative treatment and under two per cent required observation.

These figures tend to show that enlarged or diseased tonsils and adenoids are now treated conservatively, a larger percentage being kept under observation than are referred for operative treatment. Unless the severity of the defects has decreased it would appear that a certain number of unnecessary tonsillectomies were carried out in the past.

Tuberculosis.

Child contacts of tuberculosis discovered at school medical inspections who require to be followed-up are referred to the chest clinic, and reports on them are received from the chest physician. Notifications of all forms of tuberculosis in children of school age amounted to 17, compared with 25 in 1950.

The Mass Radiography Unit of the Regional Hospital Board, based on Bournemouth, attended the urban centres in the county during the year and special sessions were reserved, with the co-operation of head teachers, for school leavers; these older pupils being in the susceptible age group for pulmonary tuberculosis. The response was good, 1,228 children being examined and 24 recalled for large films. Of this latter number, six had ultimately to be referred to their family doctor, the chest clinic or to hospital for further observation or treatment.

Ear Diseases and Defects.

Operative treatment was required for 40 cases in the county as compared with 64 in the previous year: 24 in Poole, 4 in the South Dorset area and 12 in the remaining area.

Looking back through the old county records for 1911, 1912 and 1913 it was noted that 51, 81 and 58 cases respectively of ear discharge were detected which required treatment. While the figure of 12 cases of ear disease, mostly discharge, for 1951 is a great improvement, an even greater difference would have been expected. Nose and throat defects also appear resistant and the general decline in infections of the upper respiratory tract still leaves much to be desired.

Dental Treatment.

The Chief Dental Officer, Mr. P. J. Pretty, reports on the work of the dental officers in the county as follows:—

> 'It is gratifying to be able to state that there has been an increase in the number of dental officers on the staff during the year under review. One left early in the year and three others were appointed later, bringing the total number for the rural portion of the county and South Dorset Divisional area to five, leaving a deficiency of four in an establishment of nine. The Poole Excepted Area is fully staffed with an establishment of three.
>
> 'Although the total number on the staff of the entire county is eight, the average number for the year was six. Less than half the total school population was inspected and statistics show that there was no material increase in the amount of dental treatment carried out over the previous year, but an improvement will be shown when the increased staff have been working for a whole year.
>
> 'The Whitley Council award which became effective during the year, has increased and stabilised the salaries of dental officers employed in the school dental service. This fact, together with the decrease in demand for treatment in the general dental service since a system of partial payment was introduced, is responsible for the increase in the staff. Advertisements, however, have had rather disappointing results by not producing applicants in sufficient numbers to fill all the vacancies which exist. Although the deterioration referred to in my report for 1950 has been halted, and there has been improvement in the staffing problem, a further improvement is necessary before the position which obtained immediately before the introduction of the National Health Service Act is regained.
>
> 'The major part of the dental treatment in Dorset is carried out on the school premises with the use of portable equipment, but owing to the steady increase in the school population during the past few years accommodation has become increasingly difficult. The two main reasons for this increase in numbers being a greater number of children in the lower age groups following the increase in the birth rate after the last war, and the raising of the school leaving age from 14 to 15. The problem has been partly overcome by the use of trailer caravans equipped as dental surgeries. Two of these mobile dental clinics are in use at present.
>
> 'The only existing full-time clinics in the county are at Dorchester, Poole and Weymouth, while there are premises used as part-time clinics at Bridport, Sherborne and Shaftesbury. More specially constructed clinic premises are needed, but owing to restrictions and the high cost of building it will apparently be many years before it is possible to meet these requirements.

'Orthodontic treatment is undertaken mainly in the authority's clinics and it is not practicable for any appreciable amount of this work to be undertaken in the rural areas. Unfortunately, all the cases cannot be dealt with at the clinics and as many patients are unable to obtain treatment under the National Health Service, a large proportion of this work remains undone.

'Children in the eastern part of the county may be referred to the consultant orthodontist employed by the Bournemouth and East Dorset Hospital Management Committee, who carries out the necessary treatment for them.

'The importance of correcting irregularities in children's teeth is often not fully appreciated as, apart from the aesthetic aspect, irregular teeth are one of the predisposing causes of dental decay and other dental diseases which may necessitate the extraction of teeth at a comparatively early age.

'An oral hygienist is working at the Dorchester and Poole clinics undertaking scaling and polishing of the children's teeth, and giving instruction in tooth brushing and oral hygiene. Now that a full-time dental officer has been appointed to the Weymouth clinic she will be assisting him as soon as the necessary structural alterations have been completed there.'

Ophthalmic Treatment.

The school ophthalmic service is now carried out in West Dorset by the Hospital Management Committee and the waiting list for glasses appears to have been considerably shortened. In East Dorset arrangements are still made with the supplementary ophthalmic service, and it is hoped that this system can soon be terminated by the Bournemouth and East Dorset Hospital Management Committee taking over the service. Children can still obtain glasses under the supplementary ophthalmic service by going to their own family doctor, and they occasionally do this even after glasses have been pronounced unnecessary by the hospital eye service. A check is, therefore, necessary between the Hospital Management Committee and Executive Council for each individual school child in order to prevent duplication.

Orthopaedic Treatment.

Orthopaedic cases can be divided into two general groups. There are the severe types requiring hospital treatment and prolonged observation, and arrangements are made for many of these handicapped children to be admitted to long-stay orthopaedic hospital schools where education can be continued during the illness. This aspect of the orthopaedic service is functioning well, and the difficulties in getting children placed are gradually disappearing as new schools for physically handicapped children are opened.

The second group are all those early remedial deformities which, in the past, were seen by the orthopaedic specialist at the local education authority clinic. The specialist gave advice, directions, and encouragement, and a very marked improvement and cure was the usual result. Unfortunately, there is now a tendency among orthopaedic surgeons to be critical of the value of remedial exercises, which are being continued without much assistance from them. The orthopaedic nurse resigned in 1950 and there is now no expert routine follow-up of orthopaedic cases in the home where splints and calipers can be adjusted, shoe wedging inspected, and advice given to the mother without the necessity of these children travelling to hospital.

Remedial Exercises.

The following report on remedial exercises has been prepared by Miss Sebestyen, Remedial Exercises Organiser:—

'*Remedial Centres.*

'Centres continue at Lyme Regis, Sherborne and Verwood, with visiting teachers at Bridport and Beaminster.

'*School Classes.*

'Six new classes have commenced in primary schools, and new teachers are being introduced to remedial work in the schools as staff changes occur. The assistant school medical officers have been most helpful in seeing many of the children at special inspections and the facilities provided at Dorchester, Poole and Swanage for asthmatic children are proving most useful.

'*Courses.*

'An eight-week sessional course was held during January and February, 1951, for primary teachers at Lagland Street Infant School, Poole. Some thirty-eight teachers attended, the majority for the complete course.

'Courses were also held to help teachers with their work in the smaller schools at Beaminster, Charmouth and Maiden Newton. It is proposed to run similar courses to cover the whole county.

'The medical officers for the areas concerned attended the courses and gave lectures on remedial work. The courses proved an excellent opportunity for discussion of ways in which children can be helped to overcome postural defects.

'*One-day Course.*

'A one-day course was held at Blandford on the 7th December, and some 150 people were present. For the first time we were pleased to welcome medical officers, and school nurses, and a group of students from Weymouth Training College. The course was very successful, and proved most valuable for meeting and discussing problems.

'An increasing number of children from small country schools where no classes are possible, are being recommended to receive remedial exercises. It often proves difficult to visit these schools regularly, but teachers who have been on courses are helping with this work by supervising individual children, and seeing exercises are regularly carried out.'

Speech Therapy.

The speech therapy service has now been in operation for five years and for the last two years a second speech therapist has been working. It is now possible to look back and see something of what has been achieved by the service and although it is difficult to make an absolutely accurate assessment, it is possible to make a cursory review and see some of the broad features.

The incidence of speech defect in Dorset appears to be about the same as the national average, 2 per cent of the school population, and there is little difference between rural and urban areas. When the service first commenced the demand for it was much greater than the facilities available. It was necessary to do the best with the personnel available and accept the fact that many cases must be refused. The appointment of the second speech therapist has been a tremendous help and, though waiting lists still exist and some clinics have long ones, urgent cases at least will not now have to wait long for attention.

In September, 1951, the waiting list in the Poole area had been considerably reduced by intensive work by both speech therapists, and it was decided to give extra time to Weymouth and to open a clinic in Portland. It had not at first been possible to spare time for a clinic in Portland and a few of the more serious cases attended at Weymouth. This was very unsatisfactory as they spent much valuable school time in travelling, their mothers having to suspend work or domestic duties in order to accompany them, and there was also a long waiting list of Weymouth children.

With shorter waiting lists it has been possible to improve the county service in several ways. In the first place a little more time can be allotted to each case, which should reduce the period of attendance. It will also be possible to admit children at an earlier age before their defect has formed a marked habit, and this is invaluable in the case of stammerers who have been observed to respond more satisfactorily if they can be treated as soon as the defect appears. Cases of general dyslalia (unintelligible speech) should also be admitted as soon as possible because the shock and frustration of entering school frequently increases the handicap with the risk of behaviour problems arising. Doubtful cases can now be seen two or three times and a more detailed report furnished.

There is still need to co-ordinate the service offered by the speech clinics and keep it continuously under review. The provision of extra clinics would be most desirable as it would not only enable more children to be helped, but would cut the travelling time and expenses of those who attend.

The two speech therapists have worked extremely hard to make the service a success. They are always willing to work in the evening on special cases, or in emergency, and their advice on mental defective and spastic children with speech involvement has been most helpful.

OPEN AIR EDUCATION

The new schools being erected under the post-war building plan are now coming into use and are replacing the old-fashioned type. These schools are better planned than many pre-war open-air schools and this factor, combined with the great improvement in the health of the schoolchild and the reduction in the number of delicate children will soon, I hope, render this section of the report redundant. In Dorset the Education Committee, by its well-conceived building plan, has already gone a long way in this direction.

CO-OPERATION OF PARENTS

The co-operation with parents continues to be excellent, refusals to have children examined at school are extremely rare there being only two such cases during the year. In each instance the parents, having received an explanatory letter from the Clerk of the County Council, subsequently allowed their children to be inspected. In these days when the general medical services are very fully occupied, parents appreciate having the health of their children checked up at routine medical examinations in schools.

Provisions for special educational treatment for handicapped pupils under the Handicapped Pupils Regulations, 1945, are also greatly appreciated by parents. Very few parents of handicapped children object when their children are recommended for residential school placement, and it is now widely recognised that the education of the handicapped is often of more importance than that of the physically fit adolescent who can earn a living by virtue of being strong and healthy.

CO-OPERATION OF TEACHERS

The co-operation with teachers remains on the whole excellent and the school service is very dependent on their goodwill in keeping the school medical records up-to-date. The returns of entrants, transfers and leavers are generally rendered promptly and accurately, but a certain number of schools are very late with their returns and in a few cases it is necessary to send the returns back for alterations. This causes a considerable amount of additional work in central office and if the proposed scheme for keeping statistical records on the Hollerith system is put into effect, prompt returns from the schools is necessary for the scheme to be a success. Assistance by teachers in the prompt submission of returns of infectious disease is very much appreciated as this enables immediate action to be taken in appropriate cases.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS

Close co-operation has always been maintained between the school health department and the special services section of the Education Department, which receives the reports of the school attendance officers. Instances of prolonged absence from school and cases of illness, physical or mental, are discovered by the school attendance officers in the course of their duties and are duly reported. Where a medical question is involved the case is investigated by the school health department. Since the introduction of the National Health Service Act, school attendance officers have found their work complicated by the fact that medical practitioners need not give certificates of unfitness to attend school unless the parents are in danger of prosecution. Frequently the assistance of my department is requested, and difficulties cleared up by consultation with private practitioners.

CO-OPERATION WITH GENERAL PRACTITIONERS

The system by which children with defects, except eye and dental, are referred to the general practitioner in the first place continues. This ensures that the practitioner is always kept fully informed, which is a vital matter as he is the person who acts in an emergency. The passage of information in the reverse direction is not so important as decisions on handicapped children and their placement, which is the responsibility of the local education authority, is not an emergency procedure, and all the necessary information can be accumulated by letter or other means. I feel that we have now the confidence and co-operation of the general practitioners throughout the county.

CO-OPERATION OF VOLUNTARY BODIES

No alterations have occurred under this heading. There has been excellent co-operation with all voluntary bodies dealing with the care of children.

PROVISION OF MILK AND MEALS

Provision of Milk.

At the commencement of the year there were 256 schools receiving milk under the milk in schools scheme, and the grades of milk supplied were as follows:—

Pasteurised	182
Tuberculin Tested	71
Accredited	1
Non-designated	2
	256

It has always been the aim to obtain a supply of pasteurised or tuberculin tested milk, preferably in one-third pint bottles, for schools, and efforts have been constantly directed towards achieving this object. It is, therefore, with some satisfaction that I am able to report that, at the end of the year, the position regarding the supply of milk to the schools was as follows:—

Pasteurised	207
Tuberculin Tested	48
Accredited	1
	256

Including the Borough of Poole, 80·8 per cent of the schools of the county received pasteurised milk, 18·75 per cent tuberculin tested milk, and 0·4 per cent accredited milk. On the question of bottled supplies to the schools, it is of interest to note that only twenty-one schools are at present receiving milk from bulk supplies.

Apart from the time which teaching staff have to devote to measuring out bulk milk for each pupil, there is the danger that the beakers used by the children might not be in a thoroughly clean condition, as at some of the country schools the facilities for washing up are inadequate. The supply of milk to schools in one-third pint bottles with drinking straws, is the only really satisfactory method and efforts to reduce still further the number of bulk supplies will be continued.

During the year sampling officers of the health department obtained for bacteriological examination samples of milk from all maintained schools in the county, excepting Poole where this work is undertaken by the Borough Sanitary Inspectors. The following table gives particulars of this work:—

Pasteurised.		*Tuberculin Tested.*		*Accredited.*		*Non-designated.*		*Total number of samples.*	*Number of Schools sampled.*
Pass.	*Fail.*	*Pass.*	*Fail.*	*Pass.*	*Fail.*	*Pass.*	*Fail.*		
1,476	118	465	21	7	2	3	5	2,097	228

Samples of school milk are also obtained and submitted for biological examination for tubercle bacilli, and during the year six samples were submitted which proved to be negative. Although this figure would appear low, it must be remembered that by far the greater number of schools receive pasteurised milk, and samples of this grade are automatically submitted to biological examination if they fail the phosphatase test. Another factor having an influence on the comparatively small number of samples of school milk submitted for biological examination is that there are still some schools in country areas receiving their supplies locally from designated producer-retailers, from whom samples are obtained for biological examination as a normal sampling routine. In actual fact, therefore, most of the schools in the county receiving milk other than pasteurised have, during the course of the year, had their milk supplies checked for tubercle bacilli.

Many rinses of milk bottles and bulk containers were taken and, where the results were unsatisfactory, the necessary advisory action was taken.

Summarising the position regarding the supply of milk to schools, it can be said that school children in Dorset are receiving good, clean and safe milk.

Provision of Meals.

During the year the school meals service continued to expand, with the result that at the end of December there were only three schools not receiving meals out of a total of 261. Three new kitchens were opened and eight schools were provided with new washing-up facilities. Many of the schools are supplied from a central kitchen, the food being packed and transported in insulated containers.

An average daily number of 20,240 meals were served representing 57·7 per cent of the school population.

There is a close liaison with the Education Department and any queries regarding the fitness of foodstuffs for human consumption are referred to the County Sanitary Officer for attention. Information received from the Education Department regarding outbreaks of sickness amongst school children, which are believed to be due to consumption of school meals, are immediately passed to me in order that investigations can be instituted without delay.

HEALTH EDUCATION

It is important that health education should be taught in schools. The main instruction comes from the teachers, school nurses, and assistant school medical officers especially at the medical examination when the mother is present. This is as important and probably imparts more knowledge than formal lectures or talks, which are given from time to time to parent-teacher association meetings. More frequent meetings between the medical and teaching staffs and the parents are necessary, when the problems of the adolescent school child can be discussed.

I would like to mention the excellent work done by Miss Sebestyen, the Remedial Exercises Organiser. She has given a series of lectures and practical demonstrations to teachers, and has stimulated a real interest among them much to the benefit of those school children with posture defects.

PHYSICAL EDUCATION

The County Physical Training Organisers, Miss H. Grimwood, and Mr. J. Hayfield, report as follows:—

'*General.*

'Playground surfaces have improved considerably in recent years and the number of schools with some indoor accommodation has risen, some halls being hired for the purpose.

'*Clothing and Footwear.*

'There is no doubt that where changing into suitable kit is established, physical education is of more value. Many schools do this in conditions of extreme restriction and difficulty, but realise the value of doing so on the grounds of morale, hygiene and movement.

'*Apparatus.*

'More apparatus is in use and this invariably leads to more valuable instruction during the training periods. There are, however, still many schools with no sort of climbing apparatus.

'*Storage.*

'Some improvement in storage is reported. A few schools have huts, and a few others cupboards or boxes provided for the purpose; but storage still remains a problem in a great many cases.

'*Playing Fields.*

'The development of playing fields has led to improved conditions and more schools now have the opportunity of organised games throughout the year.

'*Swimming.*

'Good use was made of the nearest covered baths at Winton and Yeovil by schools in those districts, and some continued into the winter. Open-air baths at Gillingham grammar school and Shaftesbury were used to capacity. A hotel bath at Swanage and public school baths at Sherborne were much appreciated. Sea swimming continued at Lyme Regis, Charmouth and at Bridport with the help of the local swimming clubs.

'*Out of School Activities.*

'The Dorset Schools Sports Association continued their activities and athletics particularly have developed; every area of the county held its summer meeting. Many teachers give much of their free time to organising events of the association.'

HANDICAPPED CHILDREN

There is very close co-operation between the Health and the Education Departments so that handicapped children can get the maximum benefit under the provisions of the Handicapped Pupils Regulations,

1945. The education of the handicapped is expensive, and costs this county £30,000 per annum, but if the results are successful this expenditure is justified. Great care is taken to classify children correctly and review them at frequent intervals when they have been placed, as the special school selected may turn out to be quite unsuitable for their particular requirements.

Children suffering from spastic paralysis and maladjustment, and border-line defectives present the greatest difficulties in deciding whether special educational treatment should be advised. The opening of Clyffe House residential special school for educationally subnormal pupils made it possible to give several border-line defectives a trial before a decision was made to refer them as ineducable, but care has to be taken to avoid filling too many valuable places at Clyffe House with children on trial.

Spastics also create a special problem; many of these children show marked improvement in special schools although some who are mentally retarded are placed more for humanitarian purposes and show little permanent benefit in spite of considerable effort by the staff. It is understood that the South-West Metropolitan Regional Hospital Board are considering the establishment of a unit for treating and training spastic children, and such a unit is most urgently required. There are at least 15 educable and 14 ineducable spastic children of school age in Dorset alone and the provision of training facilities has, up to the present, been mainly provided by private organisations, with local education authorities paying the fees under Section 9 (1) of the Education Act, 1944.

Unfortunately, the proprietors of these schools which specialise in spastic cases, do not recognise the classification 'ineducable' as laid down by the 1944 Act, while, on the other hand, local education authorities are not permitted to incur expense on such children. If the proprietors discussed the individual cases with local authorities, who have to pay the fees, before a decision was given to the parents it would be most helpful, and many parents would not be disappointed when the authority has to turn down financial help.

This county is very fortunate in having Penwithen Hostel for maladjusted girls and younger boys requiring residential placement. Reciprocal agreements with neighbouring authorities make it possible to place particularly older boys, who cannot be accommodated in our own hostel. Most of the children are, therefore, within reasonable distance of their own homes and visiting is possible so that family relationships can be maintained. Some authorities have to send their handicapped children to distant parts of the country making supervision difficult and frequent visiting by relatives almost impossible. Serious consideration should be given to this aspect of the problem as in some cases it is psychologically detrimental to send maladjusted children so far from home, and the administrative difficulties of the supervision and follow-up of cases are considerable and expensive if properly carried out. It would probably be more economical in the long run for each authority to open hostels for maladjusted children in their own areas, and it would certainly be more beneficial for the children concerned.

Educationally Subnormal.

Clyffe House special school for educationally subnormal children has been open for a full year and some assessment of the results over that period can be given. From the strictly educational point of view, a success can be claimed if the attainments of a child can be brought up to a level corresponding with his mental age, and this has been done in six cases with the result that at the end of the Spring term two boys were recommended for discharge, being fit to return home and receive education in the ordinary school. It was considered that the remaining four would benefit by a further period at the school and their progress will be closely watched with early discharge in view.

Very close teamwork exists and the headmaster, who is fully consulted, gives helpful advice on the progress of the pupils. Unless the situation is constantly under review the school could lose a great deal of its effectiveness by admitting or retaining pupils who were unsuitable for special education. A few border-line defectives were admitted as it is difficult to reach a definite decision about some of these cases without a period of observation. Although several of them failed to benefit educationally, their stay was not wasted as they progressed physically and socially in a very satisfactory manner.

Maladjusted.

'Penwithen' is the County Council hostel for the residential care, observation, and treatment of maladjusted children. It is administered by the Education Committee and run in close association with the child guidance service. All the children admitted are those who have previously been investigated at one of the child guidance centres and considered to be in need of a residential placement. All members of the child guidance team visit the hostel regularly and discuss the progress of the children with the warden and matron, and the psychiatric social worker keeps in close touch with the homes of the children, working with the parents while

the children are in the hostel in an endeavour to obtain a readjustment of their attitude. The aim and purpose of the hostel is to enable a child to stabilize sufficiently to return to his own home, and rehabilitation of the parents is just as important as that of the child. The parents are expected and encouraged to visit the children in 'Penwithen', which helps to foster a better family relationship and understanding between parents and children, and all now do so regularly.

While in the hostel, the children attend the ordinary schools in Dorchester. Those with particular educational problems are seen periodically by the educational psychologist and given additional help by the hostel staff. A wide range of educational and social activities is provided at the hostel, assisting the children to attain a better individual and socially acceptable adjustment.

Penwithen Hostel opened on 6th December, 1950, and up to the end of 1951 a total of 21 children (13 boys and 8 girls) had been admitted. The accommodation is for 9 boys and 9 girls, but the number of admissions had to be curtailed until after the appointment of an assistant matron in October, 1951. During the year 6 boys and 2 girls have been discharged, and all children remaining in the hostel are progressing satisfactorily.

Blind Pupils and Partially Sighted Pupils.

Six new cases were placed in these categories during the year, and the total number of blind and partially sighted school children is now 15. There was no difficulty in getting suitable vacancies in schools for the blind or partially sighted, and there were only 2 cases on the waiting list at the end of 1951.

Deaf and Partially Deaf Pupils.

These children can now be placed in special schools without much difficulty, as this provision has improved. The number ascertained during this year was 3 and the total number of deaf and partially deaf school children is now 32. There are 4 cases on the waiting list for special residential placement.

The partially deaf category includes all children with defects of hearing except those that are deaf. The recognition of this defect is most important as children can be regarded as backward or even mentally defective, when the real cause is partial deafness.

Physically Handicapped, Delicate and Diabetic Pupils.

There were 22 new cases of physical handicap, 17 delicate, while no child was classified as diabetic during the year.

In these three categories there is a total of 95 cases, and 16 are still awaiting admission to special schools. There is still difficulty in placing severely physically handicapped children especially those with double incontinence, spastic cases, and dual handicaps, but the overall situation is showing some improvement.

Epileptic.

Four new cases were notified during the year and there is now a total of 6 cases on the register. A child is not classified as being epileptic unless special residential schooling is required. There are, of course, a number of cases of epilepsy able to attend ordinary schools as their attacks are infrequent and mild in nature, and they are able to mix with ordinary children and learn to regard an epileptic attack as a temporary nuisance rather than a major catastrophe.

Statistics.

Details of handicapped children examined and placed in the various categories during 1951:—

Blind	3
Partially sighted	3
Deaf	1
Partially deaf	2
Delicate	17
Diabetic	Nil
Educationally subnormal ...	157
Epileptic	4
Maladjusted	23
Physically handicapped ...	22
Speech defects	Nil
Multiple disabilities	6
Total	238

CHILD GUIDANCE

In April, 1951, the consultant psychiatrist commenced duties and the team was then completed as far as personnel were concerned. The premises in Dorchester and Weymouth are fairly adequate although not ideal, but alternative accommodation is required urgently in Poole and at Bridport and Shaftesbury. The administrative arrangements for the child guidance service under the 1944 Education Act, and the 1946 National Health Service Act are complicated, because the consultant psychiatrist is employed by the Regional Hospital Board and seconded to the education authority. Thus when the psychiatrist is having treatment sessions, the child guidance 'centres', run by the local authority, become 'clinics' under the Regional Hospital Board to which general practitioners and others can refer cases for treatment direct. The local authority has no responsibility for treating psychiatric cases which is the function of the Regional Hospital Board.

A large proportion of maladjusted children have problems which require adjusting either at home or in school, and the psychiatric social worker must expect to spend a considerable part of her time interviewing parents, head teachers, and other welfare officers. The success of a child guidance service depends to a very great extent on the personality of the psychiatric social worker and the effectiveness with which difficulties are dealt with.

The following is a report of the consultant psychiatrist, Dr. W. H. Whiles:—

'During the first quarter of the year the Educational Psychologist and Psychiatric Social Worker were working alone. Since my appointment by the Regional Hospital Board as Consultant Psychiatrist on the 1st April, 1951, it has been possible to get a child guidance scheme organised on to a proper team basis for diagnosis and treatment. It was also possible for psychiatric treatment to be given to those children who need it, although really more work of this type is required. A number of children who really need intensive treatment can only be seen for a superficial approach because of the time available, and such treatment was considered necessary for 46 of the children seen; treatment commenced with 29, leaving 17 on the waiting list. Treatment has been terminated with 8 of these children during the year, 5 of whom were improved, 2 removed to other areas and in one instance the treatment was terminated owing to insufficient co-operation from the parents.

'Clinics are at present being held in school premises, but it is hoped that in the future suitable accommodation for child guidance work will be available, particularly in the Poole and Dorchester areas. Regular clinics are held twice weekly at Poole, once weekly at Dorchester and Weymouth, with additional diagnostic clinics at Shaftesbury and Bridport. The need in Bridport has now increased to such an extent that an endeavour is being made to hold a fortnightly session there so that some treatment can be given.

'The team also keep in close touch with the Penwithen Hostel for maladjusted children. The psychiatrist and educational psychologist discuss progress and handling of the children with the warden, and the children are interviewed as necessary. The psychiatric social worker keeps in close touch with the homes of the children, endeavouring to help in the re-adjustment of family attitude. However, until more psychiatric social worker time is available it is quite impossible to do this as thoroughly as is needed without other aspects of the work becoming seriously neglected.

'It is felt that during the year a satisfactory foundation has been laid for a comprehensive child guidance service on a full team basis. Further development will only be possible as more suitable premises can be arranged and additional staff is available to undertake more sessions.'

Statistics.

No. of cases carried forward from 1950	40
No. of new cases seen during 1951 ...	150
No. of cases awaiting investigation on 31/12/51	7
No. of cases closed during 1951 ...	39
Analysis of cases closed:	
Diagnosis only ...	17
Satisfactory adjustment ...	11
Unco-operative	2
Moved to other areas ...	3
Transferred to other agencies	6
Source of referral:	
Medical Officer	51
General Practitioners	47
Education Officer and Head Teachers	43
Children's Officer	10
Speech Therapist	12
Paediatrician	7
Probation Officers	7
Other sources	13
Problems for which children were referred:	
Behaviour problems	79
Nervous symptoms	32
Educational problems ...	19
Enuresis	26
Speech problems	12
Special advice	15
Psycho-somatic symptoms ...	7

Age Groups:	
Pre-school age	5
Infant school age	24
Junior school age	95
Secondary school age (modern) ...	49
Do. (grammar) ...	15
Above school age	2
Disposal of cases:	
Diagnosis and report only ...	17
Superficial treatment	97
Intensive treatment advised ...	46
Residential placement advised ...	21
Referred to other agencies ...	6
Left area	3
Psychiatric interviews:	
Diagnostic	152
Survey	66
Treatment	182
Total interviews with children ...	400
Parents and others	156
No. of visits made by Psychiatric Social Worker during the year	265
No. of clinic interviews by Psychiatric Social Worker during the year ...	289
No. of clinic sessions attended by Educational Psychologist	155
No. of children interviewed	589

JUVENILE DELINQUENCY

Reports to Juvenile Courts.

Prior to the attendance of children at juvenile courts they are medically examined, and a special report is made giving details of any defects, physical or mental, which are found and any important family history or other details affecting the welfare of the child. During the year 93 such reports were issued in the county. It is with pleasure that I place on record my appreciation of the assistance given to this department by Mr. J. W. Birch, Senior Probation Officer, and his staff. As in previous years, his advice, special reports and ready action, have often been of the greatest help in bringing various problems to a satisfactory conclusion thus preventing the need for formal action in many cases.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

Youth Employment Service.

The County Education Authority assumed responsibility for the provision of a youth employment service, under Section 10 of the Employment and Training Act, 1948, on the 1st January, 1950. Prior to this date the work was undertaken by the Ministry of Labour and National Service, with the exception of Poole where a Juvenile Employment Bureau was set up in 1924. The service is already working in close co-operation with the school health service, particularly to facilitate the placing of handicapped boys and girls in suitable employment. There are still some administrative arrangements to be completed between the two services and it is hoped to give an extensive report next year, particularly with regard to the placing of handicapped children in suitable employment.

Employment of Children.

Byelaws with respect to the employment of children, and street trading by young persons under the age of 18 years are now in force. They are chiefly concerned with the prohibition of certain employments, such as lather-boy, billiards marker, lift boy, etc., or in connection with the sale of intoxicating liquors, programmes, refreshments, etc., and regulations are laid down as to the hours of employment in allowed occupations. Street trading is prohibited to girls under the age of 18 years and to boys under 16 years and licences are issued to those who are allowed to be engaged or employed in this manner.

SCHOOL HYGIENE

The sanitary survey of schools was continued during the year, although the number dealt with was restricted by the necessity to combine this work with other duties carried out by the County Sanitary Officer.

From information so far obtained of those schools which have been inspected, the matters which require most urgent attention are in respect of sanitary accommodation and facilities for hand washing. Satisfactory sanitary accommodation and hand washing facilities at schools are important and there can be no doubt that contributory factors in outbreaks of dysentery amongst school children are dark, ill-ventilated, and generally unsatisfactory closets, and the lack of a piped supply of water and facilities for hand washing in the form of wash-hand basins.

When suitable arrangements are available, hand-washing should be made a compulsory drill before the school meal. This 'drill' would then become a habit which would be performed at home as well as at school and the children would learn one of the elementary rules of hygiene.

STATISTICAL APPENDIX

TO THE SCHOOL MEDICAL OFFICER'S REPORT

YEAR ENDED 31st DECEMBER, 1951.

The figures relate to the whole County.

TABLE I.

Medical Inspection of Pupils attending maintained primary and secondary schools.

A. *Periodic Medical Inspections.*

Number of Inspections in the prescribed Groups:—	
Entrants	3,694
Second Age Group	2,988
Third Age Group	2,144
Total	8,826
Number of other Periodic Inspections ..	—
Grand Total	8,826

B. *Other Inspections.*

Number of Special Inspections	4,968
Number of Re-inspections	5,791
Total ..	10,759

C. *Pupils found to require Treatment.*

Group. (1)	*For defective vision (excluding squint).* (2)	*For any of the other conditions recorded in Table II A.* (3)	*Total individual pupils.* (4)
Entrants	67	630	601
Second Age Group	186	463	572
Third Age Group	188	282	430
Total (prescribed groups) ..	441	1,375	1,603
Other Periodic Inspections ..	—	—	—
Grand Total ..	441	1,375	1,603

TABLE II.

A. *Defects found by Medical Inspection in the year ended 31st December, 1951.*

Defect Code No.	*Defect or Disease.* (1)	*Periodic Inspections.* No. of defects. *Requiring treatment.* (2)	*Periodic Inspections.* No. of defects. *Requiring to be kept under observation, but not requiring treatment.* (3)	*Special Inspections.* No. of defects. *Requiring treatment.* (4)	*Special Inspections.* No. of defects. *Requiring to be kept under observation, but not requiring treatment.* (5)
4	Skin	59	34	185	12
5	Eyes—(*a*) Vision	441	221	291	112
	(*b*) Squint ..	83	67	25	9
	(*c*) Other	49	51	202	13
6	Ears—(*a*) Hearing ..	19	37	14	5
	(*b*) Otitis Media ..	10	15	41	—
	(*c*) Other ..	9	14	80	8
7	Nose or Throat	202	530	122	84
8	Speech	39	65	26	10
9	Cervical Glands	13	82	13	14
10	Heart and Circulation ..	10	66	3	8
11	Lungs	37	116	7	17
12	Developmental:—				
	(*a*) Hernia	9	17	2	—
	(*b*) Other	6	52	6	7
13	Orthopaedic:—				
	(*a*) Posture	172	81	103	14
	(*b*) Flat foot	287	184	83	13
	(*c*) Other	322	275	139	43
14	Nervous system:—				
	(*a*) Epilepsy	1	7	4	—
	(*b*) Other	6	11	3	2
15	Psychological:—				
	(*a*) Development ..	36	27	176	17
	(*b*) Stability ..	7	24	81	16
16	Other	44	139	1,700	58

B. *Classification of the General Condition of Pupils Inspected during the year in the Age Groups.*

Age Groups. (1)	*Number of Pupils Inspected.* (2)	A. (*Good*) *No.* (3)	A. (*Good*) % *of col. 2* (4)	B. (*Fair*) *No.* (5)	B. (*Fair*) % *of col. 2* (6)	C. (*Poor*) *No.* (7)	C. (*Poor*) % *of col. 2* (8)
Entrants	3,694	2,082	56·36	1,571	42·53	41	1·11
Second Age Group	2,988	1,681	56·26	1,274	42·64	33	1·10
Third Age Group	2,144	1,499	69·91	635	29·62	10	0·47
Other Periodic Inspections ..	—	—	—	—	—	—	—
Total	8,826	5,262	59·62	3,480	39·43	84	0·95

TABLE III.

Infestation with Vermin.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	92,685
(ii)	Total number of *individual* pupils examined	34,192
(iii)	Total number of *individual* pupils found to be infested	550
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

Treatment Tables.

Group 1.

Diseases of the Skin
(excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.	
	by the Authority.	*otherwise.*
Ringworm— (i) Scalp	2	6
(ii) Body	17	—
Scabies	27	—
Impetigo	86	2
Other skin diseases	106	3
Total	238	11

Group 2.

Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with.	
	by the Authority.	*otherwise.*
External and other, excluding errors of refraction and squint	341	8
Errors of refraction (including squint)	1,823	637
Total	2,164	645
Number of pupils for whom spectacles were (*a*) Prescribed	1,132	353
(*b*) Obtained	901	—

Group 3.

Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated.	
	by the Authority.	*otherwise.*
Received operative treatment:—		
(*a*) for diseases of the ear	—	40
(*b*) for adenoids and chronic tonsillitis	—	918
(*c*) for other nose and throat conditions	—	23
Received other forms of treatment	302	95
Total	302	1,076

Group 4.

Orthopaedic and Postural Defects.

(*a*) Number treated as in-patients in hospitals	149	
	by the Authority.	*otherwise.*
(*b*) Number treated otherwise, e.g. in clinics or out-patient departments	63	546

Group 5.

Child Guidance Treatment.

	Number of cases treated.	
	in the Authority's Child Guidance Clinics.	*elsewhere.*
Number of pupils treated at Child Guidance Clinics	154	2

Group 6.

Speech Therapy.

	Number of cases treated.	
	by the Authority.	*otherwise.*
Number of pupils treated by Speech Therapists	345	—

Group 7.

Other Treatment given.

	Number of cases treated.	
	by the Authority.	*otherwise.*
(*a*) Miscellaneous minor ailments	3,006	6
(*b*) Other than (*a*) above (specify):—		
1 In-patients	—	544
2 Out-patients	—	234
Total	3,006	784

TABLE V.

Dental Inspection and Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers:—		
(*a*) Periodic age groups	.. ..	11,141
(*b*) Specials	..	799
Total (1)	..	11,940
(2) Number found to require treatment	..	8,710
(3) Number referred for treatment	..	7,526
(4) Number actually treated ..	..	5,761
(5) Attendances made by pupils for treatment		13,124
(6) Half-days devoted to : Inspection	..	120
Treatment	..	2,206
Total (6)	..	2,326
(7) Fillings: Permanent Teeth ..	..	6,858
Temporary Teeth ..	..	887
Total (7)	..	7,745
(8) Number of teeth filled: Permanent Teeth		6,029
Temporary Teeth		819
Total (8)	..	6,848
(9) Extractions: Permanent Teeth	..	1,638
Temporary Teeth ..	..	7,019
Total (9)	..	8,657
(10) Administration of general anaesthetics for extraction	.. ..	2,944
(11) Other operations: Permanent Teeth	..	5,083
Temporary Teeth	..	643
Total (11)	..	5,726

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